

NOTICE:

(This template can be utilized as a guide to develop your own safety and health plan).

SITE SPECIFIC HEALTH AND SAFETY PLAN

Contractor Name _____

Contract No: _____

Project Name: _____

Work Location: _____

Task Name: _____ **Task Number:** _____

Projected Job Start Date _____ **Time:** _____

Projected Job Finish Date _____ **Time:** _____

Prepared By: _____ **Phone** _____ **Date Submitted** _____

***COTR Review** _____ **Date Reviewed** _____

***Complete COTR Review Required Prior To Glenn Safety Office And Environmental Review**

Glenn Safety Office Review:

Date Received _____

Approved _____ / **Disapproved** _____

Glenn Safety Office Official / Date

Glenn Environmental Office Review:

Date Received _____

Approved _____ / **Disapproved** _____

Glenn Environmental Office Official / Date

IN CASE OF AN EMERGENCY CALL 911

EMERGENCY CONTACTS

Emergency	Responder	Location	Phone
Fire:	NASA GRC Dispatch	Building 14	911*
Police:	NASA GRC Security	Building 108	911*
Ambulance:	NASA GRC Dispatch	Building 14	911*
Hospital:	Southwest General Hospital	18697 Bagley Rd.	1-(440) 816-8888

Directions to Hospital: Brookpark Road east to Grayton Road, north to I-480, east to I-71, south to Bagley Road, right on Bagley Road

***Additional Emergency Phone Contacts:**

Chemtrec.....1-800-424-9300
 Agency for Toxic Substances and Disease Registry (ATSDR). 1-888-42-ATSDR or
 1-888-422-8737

AT&F (Explosives)..... 1-800-424-9555
 National Response Center 1-800-424-8802
 Pesticide Information Service 1-800-845-7633
 Ohio EPA Emergency Response Team 1-800-282-9378
 Resource Conservation and Recovery Act (RCRA) Hotline... 1-800-424-9346
 CMA Chemical Referral Center 1-800-262-8200
 National Poison Control Center 1-800-942-5969
 U.S. DOT 1-202-366-0656

Days Only

Contractor's Contact:	_____	_____	_____	_____
	Name	Phone Number	Pager Number	Cell Number
NASA's Representative:	_____	_____	_____	_____
	Name	Phone Number	Pager Number	Cell Number
NASA COTR	_____	_____	_____	_____
	Name	Phone Number	Pager Number	Cell Number

*Dialing 911 from the NASA GRC phone system will connect to NASA emergency assistance. From a PAYPHONE or cellular phone, dial (216) 433-2080.

NASA NON-EMERGENCY CONTACTS

Dispatch: 216-433-2088 Safety Office: 1-216-433-3019
 Environmental Office: 216-433-6762 HELP LINE: 216-433-8848

On Site phone dial 7 to obtain an outside line.

INTRODUCTION: The purpose of this HASP is to set forth, in an orderly and logical fashion, appropriate health and safety procedures to be followed during onsite construction activities at the Glenn Research Center.

During the performance of the task to be performed, this HASP identifies potential hazards which (*_____) personnel may be exposed to. (*_____) personnel shall not participate in this Task without having read this plan in its entirety. This plan has been developed to be as complete as possible, however, should conditions dictate revisions or additions to this plan, amendments shall be drafted, added, and distributed to all persons involved with this plan. This plan works in concert with the (*_____) Corporate "Safety and Health Plan", the Glenn Research Center Safety Manual, OSHA standards CFR 1926, Environmental Protection Agency regulations, National Fire Protection Association Codes, and any other applicable codes stated in the NASA contract. It shall be the prime contractor's responsibility to ensure that all of its subcontractors comply with the provisions set forth in this plan.

STATEMENT OF COMPANY'S SAFETY GOALS AND OBJECTIVES:

DESCRIPTION OF WORK:

COMPANY'S SAFETY PERFORMANCE: Describe Company's actual performance and accident experience for the past five years in performing jobs similar in size and scope to this current proposed work. (Copy of 200 Log will suffice)

EMPLOYEE AWARENESS OF SAFETY: Describe methods used to foster or promote employee awareness of health and safety matters (e.g., safety meetings, incentives, etc.).

***Insert Company name.**

COMPETENT PERSONS: **Identify** the Qualified and/or certified person(s) responsible for oversight of a particular hazardous operation. The Competent Person is required to conduct daily, documented site inspections.

Competent Person(s)

SUBCONTRACTOR(S): (List all subcontractors working on this activity)

Company Name

SAFETY PLAN ACKNOWLEDGMENT:

I hereby acknowledge that I have read and understand the attached safety and health plan and I agree to perform work on this task in accordance with this plan, safe work practices and OSHA regulations. I further acknowledge that I have received a Glenn Research Center safety orientation in the form of either a safety video viewing or a presentation by Safety Office personnel.

Employee:

Company:

Date:

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SITE SPECIFIC HEALTH AND SAFETY PLAN

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SITE COMPLIANCE: Provide general management plan for scoping and managing the HASP including the names and assigned responsibilities of persons that ensure HASP compliance at the worksite:

Position & Responsibilities

Name

Field Superintendent

Safety Coordinator

Other

Other

POTENTIAL HAZARDS*: (Identify those hazards that relate to the work activity)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Chemicals or flammables | <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Traffic Control |
| <input type="checkbox"/> Spills or Leaks | <input type="checkbox"/> Ladders | <input type="checkbox"/> Barricading |
| <input type="checkbox"/> Hazardous Energy (LO/TO) | <input type="checkbox"/> Demolition | <input type="checkbox"/> Cranes/Aerial |
| <input type="checkbox"/> Eye, face, or Head Hazards (PPE) | <input type="checkbox"/> Power Tools | <input type="checkbox"/> Falls (Heights > 6') |
| <input type="checkbox"/> Respiratory Hazards | <input type="checkbox"/> Excavation | <input type="checkbox"/> Radiation (Contact Health Physics @3173) |
| <input type="checkbox"/> General Maintenance Checkout | <input type="checkbox"/> Noise | <input type="checkbox"/> Biological |
| <input type="checkbox"/> Sanitation | <input type="checkbox"/> Egress | <input type="checkbox"/> Road Blockage |
| <input type="checkbox"/> Utility Service Interruption (Area Clearance Req'd) | | <input type="checkbox"/> High Pressure Systems |
| <input type="checkbox"/> Hot Work (Permit Req'd) | | <input type="checkbox"/> Cryogenic Spills, Burns |
| <input type="checkbox"/> Confined Space Entry (Permit Req'd) | | |
| <input type="checkbox"/> Special Hazards – ACM, LCM, Cadmium, Mercury | | |
| <input type="checkbox"/> Other | | |

*** NOTE: COMPLETE AN APPENDIX "A" SHEET FOR EACH HAZARD CHECKED ABOVE ALSO, ANY CHANGES OR DEVIATIONS WILL REQUIRE AN ADDENDUM, AND CONCURRENCE BY THE GLENN SAFETY OFFICE.**

APPENDIX A: SITE SPECIFIC HEALTH PLAN

WORK ACTIVITY: _____

POTENTIAL HAZARD(S): _____

PROPOSED CONTROLS: (Work practices, personal protective equipment, training, and/or emergency procedures that will be used to ensure the safety of workers, and on-site personnel, against the hazards identified above.)

COMPETENT PERSONS: (Identify the Qualified and/or certified person(s) responsible for oversight of a particular hazardous operation. The Competent Person is required to conduct daily, documented site inspections.

Competent Person(s)

Subcontractor(s): (List all subcontractors working on this activity.)

Company Name

